,2003 FOR PROFIT CORPORATION (ENDEDUNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000083588

1. Entity Name

RAM MARINE SERVICES, INC.



APPROVEL AND FILED

03 APR 23 AM 3:57

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

	Place of Business	3. Mailing Address		<u></u>	
	verview Drive	494 Rivery	view Drive	ALLEN	10-
Suite, Apt		Suite, Apt. #, etc.		03 AMEN	71) [5]
Suite City & Sta		Suite B City & State		4. FEI Number	Applied For
Nokomi	s, Florida	Nokomis, F	lorida	65-1036444	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
34275	USA	34275	USA		Fee Required
			Name	7. Name and Address of Current Registe	ered Agent
The second secon	DO NOT W	na e	Da Da	vid M. Silberstein	
	DO NOT W	그렇게 살아 얼마 그림을 하는 것	Street Address ((PO. Box Number is Not Acceptable) O South Orange Aven	110
A:	IN THIS SP	ACE	N. 17. 12.	U Bouth Orange Aven	ue
			City Sar	asota F	FL Zip Cod 34236
8. The above	named entity submits this statement for	r the purpose of changing		red agent, or both, in the State of Florida.	
چشنر	•		<u> </u>		
SIGNATURE .		···			· · · · · · · · · · · · · · · · · · ·
ું ક્	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	IOTE: Registered Agent signature required	d when reinstating) DAT	IE
9. This corpo	oration is eligible to satisfy its Intangible		- May 1 Fee is \$150.00	45 Classica Compaign Figureign	A= A3
Tax filing r	requirement and elects to do so.	Aner Ma	ay 1, Fee is \$550.00 ded UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
<u> </u>	ria on back)	Make Check Paya	rable to Department of Stat		
11.	OFFICERS AND D	DIRECTORS			
TITLE NAME	P David A. Lowell		TITLE		
STREET ADDRESS	494 Riverview Dr.	Suite B	NAME STREET ADDRESS		
CITY-ST-ZIP	Nokomis, FL 34275		CITY-ST-ZIP		
TITLE	VP	<u></u>	TITLE	A Committee of the Comm	
NAME	Stephen DeFuria		NAME	900018576	ran de
STREET ADDRESS	494 Riverview Dr.		STREET ADDRESS	. 900018576 95/08/03-01087-017	7.53 4+ 617.2535754.34
CITY-ST-ZIP	Nokomis, FL 34275	<u> </u>	CITY-ST-ZIP	TO A TO STATE OF THE STATE OF T	And the state of the same
TITLE	S T T		TITLE		WEIGHT STREET
NAME	Brian E. Bailey 494 Riverview Dr., Suite B		NAME CONTROL ADDRESS		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	DO NOT WR	PITE
	Nokomis, FL 34275	}		and the section of the contract of the contrac	
TITLE .s. NAME	1 David P. Alexande		TITLE	IN THIS SPA	ICE TO SELECT
STREET ADDRESS	494 Riverview Dr.		STREET ADDRESS		
CITY-ST-ZIP	Nokomis, FL 34275		CITY-ST-ZIP.		
TITLE			TITLE SOLVE SANGE		STARREST STARREST
NAME			NAME		標系。表現這個
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY ST-ZIP	REAL ARCHARGAS AND	
TITLE			TITLE		
41 A 3 A C					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

941-485-7422

Daytime Phone #

R2F034B (12/0-